

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION
OF SERVICES (FORM MRCP 120.020-1)**

<u>Item</u>	<u>Instructions and Definitions</u>
1. Registrant	Enter the required information for the person (individual, corporation, firm etc.) applying for registration of services.
2. Application Area for Registration	<p>Check the item or items which describe the service(s) provided. If item d is checked, specify the nature of the services provided:</p> <p>(2a) Shielding Design (2b) Diagnostic Radiology(ex. mammo) (2c) Therapy Medical Physics (2d) Mammography Medical Physics</p>
3. Dates of Establishment	Enter the dates as specified on the application form.
4. Training and Experience	On a separate sheet describe the training and experience which qualify you to discharge the services for which you are applying for registration. If a number of individuals are employed to provide these services, specify your training and experience requirements for employment, and/or any training provided by the registrant.
Signature of Registrant	The person who owns or possesses and administratively controls the service, or his legal representative, must sign the application.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
90 WASHINGTON ST., 2ND FLOOR
DORCHESTER, MA 02121

APPLICATION FOR REGISTRATION OF SERVICES

PRINT OR TYPE ONLY

READ INSTRUCTIONS PRIOR TO COMPLETING

-
1. REGISTRANT:_____TEL.NO. :_____
ADDRESS:_____
CITY OR TOWN:_____STATE:_____ZIP:_____
CONTACT PERSON:_____E-MAIL: (OPTIONAL)_____
2. APPLICATION AREA FOR REGISTRATION:(Check appropriate item(s))
- a. ☐ Installation and/or servicing of x-ray equipment
 - b. ☐ Calibration of radiation measurement equipment
 - c. ☐ Personnel dosimetry services
 - d. ☐ Health Physics services(Circle one or more): (2a,2b,2c,2d)
 - e. ☐ Other (specify):_____
3. DATE SERVICES ESTABLISHED:_____
DATE SERVICES ESTABLISHED IN MASSACHUSETTS:_____
4. ON A SEPARATE SHEET, SPECIFY THE TRAINING AND EXPERIENCE WHICH QUALIFY
TO DISCHARGE THE SERVICES FOR WHICH YOU ARE APPLYING FOR REGISTRATION.
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I certify that I have read and understand the pertinent sections of 105 CMR
120.000: To Control the Radiation Hazards of Radioactive Material and of
Machines Which Emit Ionizing Radiation.

SIGNATURE OF REGISTRANT:_____

NAME:_____

DATE:_____

TITLE:_____

FOR AGENCY USE ONLY

CODE:_____ FEE: () AGENCY REVIEWER DATE:_____

CONDITIONS(S):

(FORM MRCP 120.020-1)

SEPTEMBER 2003, REV. 2